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11/26/2002

John F. Salazar
 MIDDLETON REUTLINGER
 2500 Brown & Williamson Tower
 Louisville, KY 40202

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<i>Lyndia L. Salazar</i>	(Depositor's name)
<i>John F. Salazar</i>	(Signature)
2/11/03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/769,992	01/25/2001	William D. Spick	CG-855	5424

TITLE OF INVENTION: DOUBLE SHELL DISPENSER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300 1300	\$0	\$1300 1300	02/26/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLATT, STEPHANIE L	3754	222-153140

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. John F. Salazar
 Middleton Reutlinger

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNER

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Rexam Medical Packaging Inc.

Evansville, IN

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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2/11/2003 10:58 FAX 502 561 0442

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FROM: John F. Salazar DATE: February 11, 2003

PAGES: 5 in total (including cover sheet)

RE: Issue Fee Payment for U.S. Patent Application
No.09/769,992

Remarks: This facsimile is in response to the Notice of Allowance having a mailing date of November 26, 2002. Enclosed are the following documents. Please process the enclosed request to pay the Issue Fee due for the above referenced U.S. Patent Application.

Enclosed is:

- (1) Transmittal Form;
- (2) Issue Fee Transmittal Sheet;
- (3) Fee Transmittal Form;
- (4) Credit Card Payment Form

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR § 1.8

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2/11/03
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